1:Gallin E-4,5 (1957-1958) 1966
AD5 Taiwan Hokkien AD5

PREGNANCY AND BIRTH

843 The villagers believe that pregnancy lasts ten lunar months and
[759] is signalled by the initial interruption of the menstrual cycle. It is rare for a village woman to see a doctor at all during her pregnancy. The villagers consider it unnecessary and say that only the rich people go to a doctor. Even though there is a government-run health center in the
[743] *Hsiang* which offers some pre-natal care, modesty prevents village women from visiting the clinic although the excuse they give is that they do not have the time.

The expectant mother receives no special care during pregnancy; she eats no special foods and goes about her household and field tasks as usual. The women fear that if they eat special foods the baby may get too big and that the delivery will be difficult and dangerous. They
[292] wear no special maternity clothes, but wear either larger and fuller skirts or leave the top buttons of their regular skirts open. During the last month of pregnancy and the first month and a half after the birth, the parents abstain from sexual intercourse. This, the villagers explain, is for the protection of the mother's health.

844 Today, most village women employ a midwife at the birth of their
759 first child. Midwives first began to be used about twenty years ago, but
178 "then it was only rich people." The regular use of a midwife by ordinary villagers has been common only since the postwar period or the late 1940's. It is interesting that one of the important advantages of having a midwife, according to a group of village women, is that "If
[217] we call a midwife, it is easier to register the baby in the Hsiang Public Office since the midwife will then write out the certificate of birth. Otherwise a birth certificate must be obtained through the village mayor."

Previously, the older women of the family delivered all babies. Today, these same women may be present to assist the midwife at the time a first child is born, and they usually assist in the delivery of subsequent children when a midwife has not been called. The husband is not present when his wife gives birth.

844 The midwife who works at the Pu Yen Hsiang Health Center is
759 usually called to Hsin Hsing village. She has been trained by attend-
465 ing several classes for midwives. "She charges NT $30–40 [about US $1] for a normal delivery, or more if she has to give an injection to stop excessive bleeding." The midwife makes two house visits, one at the time of the birth and the second when she washes the baby on the third day after the birth. When the child is born, the midwife applies
[757] a silver nitrate solution to the eyes only if it appears that there might be something wrong.

1:Gallin E-4,5 (1957-1958) 1966
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Formosa AD1

the rural people. Some forms of improved sanitation reached the rural areas through the schools and, perhaps more effectively, through the publishing of government edicts enforcing practices of sanitation. Semiannual government inspections forced villagers to clean up their houses and the villages twice a year. The inspections were carried out by the Japanese police and civil officials, and any family which did not pass the inspection was subject to fine and to reinspection, which meant that "the party was punished by having to clean up all over again." The policy of inspections instituted by the Japanese has been continued under the Nationalist Chinese regime.

During the latter part of the war, and especially after the restoration of Chinese rule to Taiwan, there was a marked increase in the incidence of disease, particularly communicable diseases. There was even a recurrence of cholera. This was a direct result of the poor living conditions brought about by the war and, with the coming of the Chinese government, a chaotic administration which was unable or unwilling to deal with health problems. However, the situation gradually began to improve after 1948 and 1949 when Taiwan became the new stronghold of the Nationalist Chinese regime. This improvement is evidenced by the general situation in the Hsin Hsing area. Beginning in the early 1950's the number of Western-style doctors practicing in the area increased. At this date, there are a number of such doctors, and the villagers consider their fees reasonable and within their means. The reason for this great increase lies in the different licensing practices of the Japanese and the Nationalist governments. Under the Japanese a man had to be a graduate of a medical school before he could practice medicine; under the Chinese government, the applicant is required only to pass a practical examination. This means that people who have worked in hospitals as aides or technicians and have had some opportunity to observe others practicing medicine may have accumulated enough knowledge to pass the examination and obtain a license. Therefore, while there are now a large number of licensed doctors practicing in the Hsin Hsing area, only a few who went to school in Japan have had formal medical training.

In addition to the great increase in the number of doctors practicing in the local area, in recent years there has also been a marked expansion in the number of private and public hospitals in the cities. These hospitals, which are sometimes very large, can accommodate many patients, house relatively modern facilities such as operating rooms, X-ray and other equipment, and provide modern drugs for patients. Although most of the patients treated in these hospitals are city people, village people sometimes go to them for treatment. They are usually referred there by a local doctor who is capable of diagnosing an illness as one requiring hospital care or who is honest enough to

1:Gallin E-4,5 (1957-1958) 1966
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realize the limitations of his own medical knowledge and so recommend that his patient seek medical care in the hospital.

Besides these hospitals, the government has established a clinic or public health center in each district. The center in Pu Yen Hsiang has usually been understaffed or lacking a doctor entirely for long periods of time thus making it impossible for villagers to be sure they can obtain treatment at the center. The result has been that since some villagers wasted time going to the center without receiving treatment, most have come to ignore it completely.

The advent of modern drugs has also helped improve health conditions in the local area. Western-style doctors practicing in the area utilize a great many drugs in treating illness. Penicillin is now so plentiful and inexpensive that most of them are almost automatically expected to administer the drug to their patients. Indeed, the drug has become so well known in recent years and is so readily obtainable in Lukang drug stores that it is not unusual for ordinary villagers to buy it and administer it with a hypodermic needle to their own family members or, more often, to a sick pig. The drug stores in Lukang and other towns and cities which sell penicillin and other Western drugs also usually have a counter in the shop which features Chinese herbal and root medicines. These are still used by many Taiwanese as well as mainlanders.

In addition to the drugs or antibiotics, village families keep various kinds of Western-style patent medicines in the house for treating stomach upsets, headaches, colds, backaches, and so on. These are left with them on consignment by traveling medicine merchants. The medicines are separately wrapped and placed in a kit or bag, and every few months the peddler comes through the village, examines the contents of each bag, collects for what medicine has been used, and replenishes the supply. Many village families have several medicine bags on hand, each supplied by a different company.

A few times a year medicine shows featuring music, comedians, and even snake charmers, also visit the villages in the area. The companies which sponsor these shows sell two or three medicines for special illnesses. Such groups usually draw great village crowds, and their sales are large.

However, in spite of all the improved medical facilities available and the somewhat better sanitation practiced in the local area, there is a high prevalence of disease. Skin diseases are common, especially among children, and intestinal parasites plague both young and old. Trachoma is not uncommon, but the villagers do little to counter it. The disease usually strikes older villagers who are unwilling to spend the time and money necessary to obtain proper treatment. One trachoma victim, a woman of about forty, stated that although she

511 There is little doubt that the villages appear quite prosperous and people are not afraid to spend money.

Health and Sanitation

743 As stated previously, there has been a tremendous
744 decrease in the death rate. No small part of this decrease is due to improved health care, both personal care and public health facilities. With the help of the J.C.R.R. (Joint Commission on Rural Reconstruction), a health station serving the village has been established in Hsin Tien. This station provides assistance in pregnancy and birth control as well as some treatment of disease and
[842] injury. It will also provide and insert Intrauterine Devices (I.U.D.) at a cost of $30.00, a day's pay for a woman. However, Sanlei village women prefer a private hospital, also in Hsin Tien, which charges $120.00. The latter center provides more privacy and personal attention and also guarantees to refund the fee if there is rejection of the device or provide treatment without charge in the event of bleeding.

744 There are also educational programs to stimulate intensive village health and sanitation practices. However, sanitation techniques in the village are not always in accord with knowledge. For example, all village adults know that the water should be boiled for ten minutes before drinking it. However, although almost no one drinks